03289

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Coulter (Middle) Franklin (Last) Austin

4. DATE OF DEATH (Month) 3 (Day) 6 (Year) 50 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 27, 1921
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Fishing, crabbing, oystering
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Benjamin F Austin
14. MOTHER'S MAIDEN NAME Millicent Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Betty Austin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Amyloid disease of the kidney	(?)
	(c)	

289.1
133.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Feb, 1950, to 6 Mar, 1950, that I last saw the deceased alive on 6 Mar, 1950, and that death occurred at 540 P m., from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. ADDRESS Easton DATE SIGNED 8 Mar. '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/8/50
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville, Md.

DATE REC'D BY LOCAL REG. 3/6/50
REGISTRAR'S SIGNATURE N.H. Neerius
24. FUNERAL DIRECTOR ADDRESS Barton Bros Centreville Md

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03290

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) Ludwig (Last) Behrens

4. DATE OF DEATH: (Month) Mar. (Day) 11 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 24, 1862
9. AGE last birthday: 87 yrs. If under 1 year: Months 5, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Behrens
14. MOTHER'S MAIDEN NAME: Anna Frotelueschen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Bertha L. Harmsen (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
422.1 Antecedent cause(s)	(b) Myocardial disease	chronic
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized arteriosclerosis	chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/10, 1950, and that death occurred at 8 10/9 m., from the causes and on the date stated above.

SIGNATURE: Kurt Lederer (Degree or title) M.D. ADDRESS: Queen Anne Md DATE SIGNED: 3/12

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Mar. 14, 1950
NAME OF CEMETERY OR CREMATORY: St. Pauls Lutheran Cem.
LOCATION (City, town, or county) (State): Cordova, Md.

DATE REC'D BY LOCAL REG.: 3/12/50
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: R. Elks Clark - ADDRESS: Easton, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950

03291

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 49 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Diane (Middle) Mae (Last) Brock.
4. DATE OF DEATH (Month) Mar. (Day) 2 (Year) 1950
5. SEX female
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-11-49
9. AGE last birthday yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Brock
14. MOTHER'S MAIDEN NAME Cleo Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Cleo Brock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Therapeutic misadventure with anesthesia — INTERVAL BETWEEN ONSET AND DEATH: anesthetic time 1 hr 5 min

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Second + third degree burns of body + head — 49 days

180 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 2 1950
19b. MAJOR FINDINGS OF OPERATION Third degree burns of head
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Four year old child set house on fire

22. I hereby certify that I attended the deceased from Jan 12, 1950, to March 2, 1950, that I last saw the deceased alive on Mar 2, 1950 and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE J. T. B. Ambler M.D. (Degree or title) ADDRESS 214 Dover St Easton Md DATE SIGNED 3/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/5/50
NAME OF CEMETERY OR CREMATORY Chester
LOCATION (City, town, or county) Chester (State) Md
DATE REC'D BY LOCAL REG. 3/3/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Lewis A. Haney ADDRESS Cambridge, Md.

1-0-4-12-9-24-6-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
BUREAU U. S.

03292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 8 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton 311 South Lane

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 311 South Lane

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) (Last) Christian
4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 50 19

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: December 4 '63
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Dobson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT: Fannie Christian

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility — yes

444X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyper Emrion — yes

59a (c) Rheumatoid Arthritis — yes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1949, to 3-17, 1950, that I last saw the deceased alive on 3-16, 1950, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE: M. F. Buell (Degree or title) MD. ADDRESS: Easton Md DATE SIGNED: 3-17-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/19/50
NAME OF CEMETERY OR CREMATORY: New Chapel
LOCATION (City, town, or county) (State): Cordova, Md RD

DATE REC'D BY LOCAL REG.: 3/18/50
REGISTRAR'S SIGNATURE: N. H. Neirus
24. FUNERAL DIRECTOR: Leon W. Henry ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950

Dr. Buell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03293

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON (RURAL)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unionville (R.F.D.) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Cooper (Last) Sr.

4. DATE OF DEATH: (Month) MAR. (Day) 18 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Aug. 20, 1864

9. AGE last birthday: 83 yrs. If under 1 year: Months 6 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand-LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Cooper

14. MOTHER'S MAIDEN NAME: Emma Goldsboro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none.

17. INFORMANT: Nathan L. Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cereb. Vascular Accident	2 days
610X Antecedent cause(s)	(b) Hypertension. Arteriosclerosis	yrs.
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Prostatic Hypertrophy	yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	R Leg amputated mid calf.	yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1948, to 3-18, 1950, that I last saw the deceased alive on 3-18, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. F. Buell	M.D.	Easton Md	3-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/20/50	Copperville	Copperville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/50	M. A. Nevirs	Maurice F. Newnam & Son	Easton, Md. 8660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03294

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford. LENGTH OF STAY (in this place) Nearly All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford.
STREET ADDRESS (If rural, give location) Main Street.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Ann (Last) Eason

4. DATE OF DEATH: (Month) Mar. (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 25, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months 3 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William R. Walker

14. MOTHER'S MAIDEN NAME: Georgianna Tarr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mae White - Oxford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardio-vascular disease — Interval between onset and death: 2 months

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 50, to 3-11, 19 50, that I last saw the deceased alive on 3-1-, 19 50, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE By Cor (Degree or title) M D ADDRESS Easton Md DATE SIGNED 3-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 3/14/50 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REG. 3/12/50 REGISTRAR'S SIGNATURE M.H. Norris

24. FUNERAL DIRECTOR ADDRESS Maurice E. Newnam & Son Easton, Md.

AGRICULTURE
APR 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03295

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Margaret Ann Evans

4. DATE OF DEATH (Month) (Day) (Year): 3/29/50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Married	6/9/1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own home	Tilghman, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Jackson	Margaret Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Merrell Evans, Tilghman, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure. Detoxation

421.4 Antecedent cause(s) (b) Chronic nebulitis Heart disease — Hypertension

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Pregnancy 12 years Primary

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Cerebral Hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1950, to March 29, 1950 that I last saw the deceased alive on March 29, 1950, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Guy M Reuser M.D. — ADDRESS: Tilghman Md — DATE SIGNED: 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/50	Tilghman Methodist	Tilghman, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/30/50	G J Jackson	J. Reed Moore	Tilghman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03296

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md — LENGTH OF STAY (in this place) 10 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location) Hickory Ridge Farm

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Calvin (Last) Ewing
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 15, 1896
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M. Ewing
14. MOTHER'S MAIDEN NAME: Hulda Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT: Mrs Jane B Ewing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 4 hr.

420.1 / 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 49, to March 3, 19 50, that I last saw the deceased alive on March 3, 19 50, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer — (Degree or title) M. D. — ADDRESS: Easton, Md — DATE SIGNED: 3/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/6/50 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG. 3/4/50 — REGISTRAR'S SIGNATURE: M. A. Merrick

24. FUNERAL DIRECTOR: Ellis Clark — ADDRESS: Easton, Md.

RECEIVED
MAR 20 1950
BUREAU OF

03297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 29 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Easton Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avalon, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) (Last) Fairbank
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 27 1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fishing, Crabbing, Oysteria
10b. KIND OF BUSINESS OR INDUSTRY Watermen
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr J Frank Fairbank
14. MOTHER'S MAIDEN NAME Annie White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Dora Fairbank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Lymphatic Leukemia — Interval Between Onset and Death: 6 years

204.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 3/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/11/50
NAME OF CEMETERY OR CREMATORY Tilghman
LOCATION (City, town, or county) Tilghman (State) Md.
DATE REC'D BY LOCAL REG. 3/10/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J Reed Moore ADDRESS Tilghman Md

900 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU

03298

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Higgins St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastern
STREET ADDRESS (If rural, give location) 823 S Higgins St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Amil F. Gardner
4. DATE OF DEATH (Month) (Day) (Year) March 22 1950

5. SEX Feal
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dont Know 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook & housework
10b. KIND OF BUSINESS OR INDUSTRY me
11. BIRTHPLACE (State or foreign country) Dont Know
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Millson
14. MOTHER'S MAIDEN NAME Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS William Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Cardiac Decompensation — 6 weeks

Antecedent cause(s)

95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Anasarca — 4 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 3-22, 1950, that I last saw the deceased alive on 3-22, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE M F Buell (Degree or title) M D ADDRESS Easton Md DATE SIGNED 3/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/28/50
NAME OF CEMETERY OR CREMATORY Tuytonia
LOCATION (City, town, or county) (State) Trappe Md R D

DATE REC'D BY LOCAL REG. 3/25/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Lewis H Baynerman ADDRESS Cambridge Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU V.

03299

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 Pleasant Alley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location) 130 Pleasant Alley

3. NAME OF DECEASED (Type or Print) (First) Peggy (Middle) (Last) Green

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1950

5. SEX 7

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 2-3-50

9. AGE last birthday yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Easton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Sheppard

14. MOTHER'S MAIDEN NAME Marjorie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Edward Sheppard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at c 8A m., from the causes and on the date stated above.

SIGNATURE Louis Wetty Md (Degree or title) ADDRESS Easton Md DATE SIGNED 3-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/4/50

NAME OF CEMETERY OR CREMATORY Trappe

LOCATION (City, town, or county) Trappe (State) Md

DATE REC'D BY LOCAL REG. 3/3/50

REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR Edw. Sheppard, ADDRESS Easton Md

4-0-2-04-0-16-2-31 - Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03300

CERTIFICATE OF DEATH

Reg. Dist. No. 791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman, Md. | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) C. (Last) HARRISON

4. DATE OF DEATH: (Month) Mar (Day) 14, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 18, 1863

9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bozman, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Harrison

14. MOTHER'S MAIDEN NAME: Sara Caulk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Wm. Lednum, Bozman, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis.

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease.

(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): C. P. Waite M.D. | ADDRESS: St. Michaels. | DATE SIGNED: 3/14/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar 17, 1950 | NAME OF CEMETERY OR CREMATORY: Bozman Church Cemetery | LOCATION (City, town, or county) (State): Bozman, Maryland

DATE REC'D BY LOCAL REG.: Mar 15, 50 | REGISTRAR'S SIGNATURE: Mrs. Robt. R. Beck | 24. FUNERAL DIRECTOR: Newnam & Harrison | ADDRESS: St. Michaels, Md

RECEIVED
MAR 20 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03301

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural (Baileys Neck)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS Rural (If rural, give location) (Baileys Neck)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Hoover (Last) Hazen

4. DATE OF DEATH (Month) March (Day) 11 (Year) 1950

5. SEX Fem.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 21, 1889

9. AGE last birthday 60 yrs. If under 1 year Months 3 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Galesburg, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George P. Hoover

14. MOTHER'S MAIDEN NAME Margaret C. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT Gardner Hazen (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Right Hemiplegia.	4 days
331X	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebro Vascular accident	4 days
83a		(c) Repeated Small Cerebral Accidents	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1945, to 3-11, 1950, that I last saw the deceased alive on 3-10, 1950, and that death occurred at 6.30 a.m., from the causes and on the date stated above.

SIGNATURE Martin F. Buell (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 3-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF March 13, 1950

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 3/12/50

REGISTRAR'S SIGNATURE N. H. Neerees

24. FUNERAL DIRECTOR P. Ellis Clark — Easton, Md. ADDRESS

RECEIVED
MAR 20 1950
CLEVELAND

MARYLAND STATE DEPARTMENT OF HEALTH

03302

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova R.2D. | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) MARY (Last) HOPKINS.

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept. 10, 1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months 6, Days 2 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Md. Good State. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN FRANCE GEORGE | 14. MOTHER'S MAIDEN NAME: MARY V. CALDWELL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT AND ADDRESS: Luther Hopkins Cordova Md R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X **Immediate cause** (a) Sarcoma Uterus — Interval Between Onset and Death: 2 1/2 years

Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1948 | 19b. MAJOR FINDINGS OF OPERATION: Sarcomatous degeneration of Uterine Fibroid | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1939, to March 18, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 11:05 A m., from the causes and on the date stated above.

SIGNATURE and (Degree or title): Paul Potts M.D. | ADDRESS: Denton Md | DATE SIGNED: 3/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-21-50 | NAME OF CEMETERY OR CREMATORY: Spring Hill Amteury | LOCATION (City, town, or county) (State): Easton Talbot Co. Md.

DATE REC'D BY LOCAL REG. 3/19/50 | REGISTRAR'S SIGNATURE: N.H. Norris | 24. FUNERAL DIRECTOR: Earl W Stafford | ADDRESS: Easton Md.

M

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VS. A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1950
BUREAU V. S

03303

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH · COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Wittman, Md. — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Wittman - Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James	(Middle) E.	(Last) Hynson	4. DATE OF DEATH (Month) March	(Day) 29	(Year) 1950		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH ~~[illegible]~~ 1874	9. AGE last birthday 76 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Janitor	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nr. Wittman, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Robert Hynson			14. MOTHER'S MAIDEN NAME Laura Freeman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Carrie V. Hynson				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (n) Acute Heart Collapse

416x Antecedent cause(s) (b) Inflammatory Pneumonia

58e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950 to March 29, 1950, that I last saw the deceased alive on March 29, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gwyn M Reese MD — ADDRESS Tilghman Md — DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 1, 1950	NAME OF CEMETERY OR CREMATORY Wittman Cemetery	LOCATION (City, town, or county) Wittman — Talbot — (State) Md.
DATE REC'D BY LOCAL REG. Mar. 30-50	REGISTRAR'S SIGNATURE G. Wesley Sewell	24. FUNERAL DIRECTOR Norman D. Marshall	ADDRESS St. Michaels, Md.

740-99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU T. S.

03304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Johnson

4. DATE OF DEATH (Month) Mar (Day) 15 (Year) 1950

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Dec 14-1855

9. AGE last birthday 94 yrs. If under 1 year Months 3 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Alabama

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Henry Oliver

14. MOTHER'S MAIDEN NAME Sarah Airs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Molly Mills, Bellevue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

794 X Antecedent cause(s)

162 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE Louis Welty (Degree or title) MD. ADDRESS Easton Md DATE SIGNED 3-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Mar 19-50 NAME OF CEMETERY OR CREMATORY Richards Cemetery LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 3/15/50 REGISTRAR'S SIGNATURE N. H. Neeris

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950
BUREAU V. C.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03305

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND Easton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Aday
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emily (Last) Johnson

4. DATE OF DEATH (Month) 3 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH About 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. John Melling
14. MOTHER'S MAIDEN NAME Marian Crowther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unable to state
17. INFORMANT Mr Howard Johnson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage from RT. Middle Cerebral Artery	5 days.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1950, to 3/10, 1950, that I last saw the deceased alive on 3-10-, 1950, and that death occurred at 12:35 P m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/13/50
NAME OF CEMETERY OR CREMATORY Oxford Cemetery
LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 3/10/50
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR R. Jones Clark ADDRESS Easton, Md.

RECEIVED
MAR 20 1950
BUREAU T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03306

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #6 Brooklette Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) #6 Brooklette Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) AMELIE LEUSSLER MESSICK

4. DATE OF DEATH (Month) (Day) (Year) March 26 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept. 23, 1881
9. AGE last birthday 68 yrs. If under 1 year Months 6 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LEUSSLER
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Robert M. Messick (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Addison Disease (Adrenal Cortical Insufficiency) — INTERVAL BETWEEN ONSET AND DEATH 3 years

274 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

65a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Healing fracture lt. hip

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1943, to March 26 1950, that I last saw the deceased alive on March 26, 1950, and that death occurred at 9 45 P m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D. ADDRESS Easton, Maryland DATE SIGNED 3/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 29, 1950
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton, (State) Md.

DATE REC'D BY LOCAL REG. 3/29/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR R. Celia Clark ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03307

CERTIFICATE OF DEATH

Reg. Dist. No. 2-71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman, Maryland
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) L. (Last) MORRIS

4. DATE OF DEATH: (Month) Mar (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 24, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Neavitt, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Jump

14. MOTHER'S MAIDEN NAME: Susan A. Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robert H. Morris, Bozman, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia. — Interval Between Onset and Death: 3 weeks

443X Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease — years +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 50, to March 50, that I last saw the deceased alive on 4 Mar, 1950, and that death occurred at 2 30a m., from the causes and on the date stated above.

SIGNATURE: Charles P Waite — (Degree or title): M.D. — ADDRESS: R Michaels Md. — DATE SIGNED: 3/6/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar 8, 1950 | NAME OF CEMETERY OR CREMATORY: Bozman Church Cemetery | LOCATION (City, town, or county) (State): Bozman, Maryland

DATE REC'D BY LOCAL REG.: Mar 7, 50 | REGISTRAR'S SIGNATURE: Mrs Robert H Potts

24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison, St. Michaels, Md.

RECEIVED
MAR 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03308

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
LENGTH OF STAY (in this place) 25 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Maryland
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) L. (Last) Parks

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Jan. 31 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John Wesley

14. MOTHER'S MAIDEN NAME: Not obtained by admitting Clerk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Mrs Vincent Haddaway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Cerebral vascular accident — Interval between onset and death: 24 hrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Mar., 1950, to 23 Mar., 1950, that I last saw the deceased alive on 22 Mar., 1950, and that death occurred at 5:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Newnam Harrison M.D. Easton Maryland 23 Mar 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/25/50 | NAME OF CEMETERY OR CREMATORY: Olivet | LOCATION (City, town, or county) (State): St. Michaels Md

DATE REC'D BY LOCAL REG. 3/24/50 | REGISTRAR'S SIGNATURE: M.D. Nevins | 24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison, St. Michaels Md

MARGIN RESERVED FOR BINDING

· PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03309

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.; LENGTH OF STAY (In this place) 11 Hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Never lived in Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Dorchester County; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Perry

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 50 19

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 25-50

9. AGE last birthday: yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours 11; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Memorial Hosp. Easton Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Jean Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Jean Perry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (wt 2 lbs 11 oz.) — Interval between onset and death: 11 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta

(c)

765.15
760 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25/50, 19..., to 3/26/19 50, that I last saw the deceased alive on 3/25/, 19 50, and that death occurred at 1 10 a.m., from the causes and on the date stated above.

SIGNATURE: M Coffin M.D. (Degree or title) ADDRESS: Easton Md DATE SIGNED: 3/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF: 3/27/50; NAME OF CEMETERY OR CREMATORY: Memorial Hospital; LOCATION (City, town, or county): Easton (State): Md

DATE REC'D BY LOCAL REG.: 3/27/50; REGISTRAR'S SIGNATURE: N. H. Meries

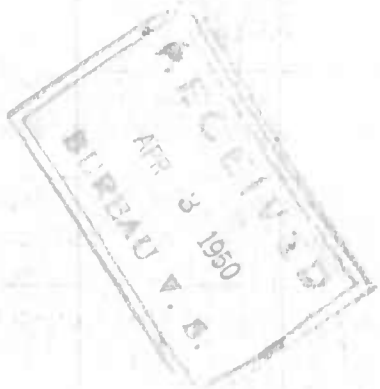
24. FUNERAL DIRECTOR: Memorial Hospital, Easton ADDRESS: Md

2-0-3-25-0-/8-1-34-1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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APR 3 1950
BUREAU V. S.

Dr. Witty

03310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova (Rural) LENGTH OF STAY (in this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R.#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location) R.R.#1

3. NAME OF DECEASED (Type or Print) (First) ELFRED (Middle) ADOLPHUS (Last) PRICE
4. DATE OF DEATH (Month) March (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 12, 1893
9. AGE last birthday 56 yrs. If under 1 year Months 9 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Elfred Price
14. MOTHER'S MAIDEN NAME Mary E. Darwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) World War I
16. SOCIAL SECURITY No. None
17. INFORMANT Edith M. Price — (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GSW head — Interval Between Onset and Death: Immed.

976x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun Shot Wound

164c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) mc Cordova (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 3 (Day) 25 (Year) 50 (Hour) c 11 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? GSW head - shotgun

22. I hereby certify ~~that I attended the deceased from~~ Investigation, 19..., that I last saw the deceased alive on ....., 19....., and that death occurred at c 11 P m., from the causes and on the date stated above.

SIGNATURE Louis S Witty (Degree or title) MD. D ME ADDRESS Easton Md DATE SIGNED 3-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 28, 1950
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Hillsboro (State) Md.

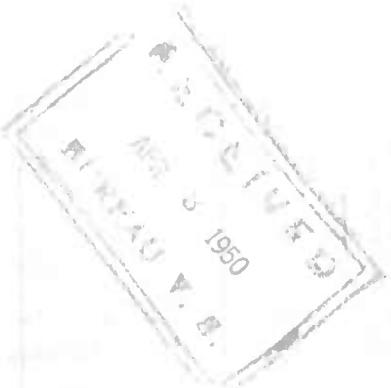
DATE REC'D BY LOCAL REG. 3/27/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR R. Ellis Clark — Easton, ADDRESS Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03311

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
LENGTH OF STAY (in this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) E. (Last) Price

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed.

8. DATE OF BIRTH: Oct 10, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired owner

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Wrightsay Price

14. MOTHER'S MAIDEN NAME: Frances Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ?

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Mr Eugene Price, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis - left hemiplegia	14 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral arteriosclerosis	(?)
(c)	Hypertension w/ cardio-vascular disease	(?)

443X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Feb, 1950, to 2 Mar, 1950, that I last saw the deceased alive on 1 Mar, 1950, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas Harrison M.D. Easton Maryland 2 Mar 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/6/50 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 3/3/50 | REGISTRAR'S SIGNATURE N. H. Needles | 24. FUNERAL DIRECTOR G. Ellis Clark | ADDRESS Easton, Md.

15669

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MAR 13 1950
U.S. PATENT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03312

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 August St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural give location) 518 August St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) G. (Last) Ritter
4. DATE OF DEATH: (Month) Mar. (Day) 20 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: Sept. 5 1882
9. AGE last birthday: 67 yrs. If under 1 year: Months 6 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler
10b. KIND OF BUSINESS OR INDUSTRY: Ferry.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ritter.
14. MOTHER'S MAIDEN NAME: Elizabeth Mast.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-16-4372
17. INFORMANT: Mrs. John Ritter - Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Years
420.0 934	(c) Arteriosclerotic Heart Disease	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1950, to 3/10, 1950, that I last saw the deceased alive on 3/10, 1950, and that death occurred at 8:29 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Kuch Jr	MD	Easton, Md	3/20/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3/22/50	OLIVET	St. Michaels - Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/50	T. A. Meares	Maurice E. Newnam & Son	Easton, Md. 48451

RECEIVED
MAR 27 1950
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03313

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY ~~Talbot~~ Dorch.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Salem~~ ~~Cambridge R.F.~~ Easton LENGTH OF STAY (in this place) D. 40 Yr's	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Folks Home Easton, Md. West Street	STREET ADDRESS R.F. D. ? (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Dan (Middle) (Last) Smith				4. DATE OF DEATH (Month) (Day) (Year) March 12, 1950	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3/3/1895	9. AGE last birthday 55 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory General labor		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Dorchester County		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Unknown ~~Unknown Unknownown~~			14. MOTHER'S MAIDEN NAME Unknown ~~Unknown~~		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 214-07-8259	17. INFORMANT (Miss) Dorothy Jones		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
153 X Immediate cause	(a) Carcinoma of the Colon	?
46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gamma	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) Talbot (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1950, to March 12 1950, that I last saw the deceased alive on March 12 1950, and that death occurred at 1230 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Neff ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) B. E. Burial	DATE THEREOF 3/15/1950	NAME OF CEMETERY OR CREMATORY Salem Mission	LOCATION (City, town, or county) Dorchester Co. (State) Md.
DATE REC'D BY LOCAL REG. 3/15/50	REGISTRAR'S SIGNATURE N. H. Neeries	24. FUNERAL DIRECTOR Leon W. Henry Easton, Md.	ADDRESS

98844

RECEIVED
MAR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03314

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and OR TOWN give nearest town) Easton
LENGTH OF STAY (in this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Samuel (Last) Spence Jr.

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1950

5. SEX male.

6. COLOR OR RACE white.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct 17, 1885

9. AGE last birthday 64 yrs.

If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Brick Mason

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Mr James Spence

14. MOTHER'S MAIDEN NAME Hester Mapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-03-1541

17. INFORMANT Mrs Virgil Spence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — several yrs

260X
61

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1950, to 3/12/1950 that I last saw the deceased alive on 3/12/1950, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

SIGNATURE M Cof (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 3/15/50 — NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery — LOCATION (City, town, or county) Easton Talbot (State) Md.

DATE REC'D BY LOCAL REG. 3/13/50 — REGISTRAR'S SIGNATURE N. H. Nelms — 24. FUNERAL DIRECTOR Carlton Hopkins Easton Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 4 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) (Last) Trippe
4. DATE OF DEATH (Month) Mar. (Day) 30 (Year) 1950

5. SEX FEMale
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 5 1945
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Russell
14. MOTHER'S MAIDEN NAME Katherine Trippe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Clark Trippe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
916.1	Immediate cause	(a) Burns, second + third degree — chest, trunk, arms + legs.	4½ hours.
180	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (woods)
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Maryland
TIME OF INJURY (Month) March (Day) 30 (Year) 1950 (Hour) 4:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Child burned in woods fire, playing with matches.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James McC. Finney (Degree or title) MD. ADDRESS Memorial Hospital, Easton Md. DATE SIGNED 3-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/1/50
NAME OF CEMETERY OR CREMATORY Tryloune
LOCATION (City, town, or county) Easton Md. (State) R7

DATE REC'D BY LOCAL REG. 3/30/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Lewis H Bayneum ADDRESS Cambridge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 13 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03316

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md. R.F.D.#1
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home Easton R.F.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md.
STREET ADDRESS (If rural, give location): R.F.D #1 Box 159

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) (Last) Truman
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1950

5. SEX: F.
6. COLOR OR RACE: Col'd
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: — 1872
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pete Price
14. MOTHER'S MAIDEN NAME: Annie Phoenix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Charles Phoenix

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Broncho pneumonia	4 days
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Generalized Arteria Sclerosis	yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1950, to 3-28, 1950, that I last saw the deceased alive on 3-27, 1950, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE: M. F. Bull (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 3-28-50

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify): Burial
DATE THEREOF: 4/1/50
NAME OF CEMETERY OR CREMATORY: Eden Cemetery Del. Co.
LOCATION (City, town, or county) (State): Phila, Pa.

DATE REC'D BY LOCAL REG.: 3/28/50
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: Charles Shew ADDRESS: 2123 Christian St. Phila. Pa.

RECEIVED
APR 3 1950
BUREAU V. S.

Schneider

3/3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03317

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville, Md. (Rural)
STREET ADDRESS (If rural, give location) Between Centerville and Stairs

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Turner

4. DATE OF DEATH (Month) March (Day) 20 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct 15 1873

9. AGE last birthday 76 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Lake Turner

14. MOTHER'S MAIDEN NAME Sara Jarrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs Anna Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolus — 1 hr

177X 518 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Blood Stream infection E Coli
(c) Carcinoma of the prostate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary obstruction - with severe Kidney damage.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1950, to Mar 20, 1950, that I last saw the deceased alive on Mar 19, 1950, and that death occurred at 12 N m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John F Schneider M.D. Easton, Md 3.20.50

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 3/23/50
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REG. 3/21/50
REGISTRAR'S SIGNATURE N.A. Nevins

24. FUNERAL DIRECTOR ADDRESS
Edgar L Lane Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU V. S.

03318

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County: Talbot

City or town: Mr. Trappe Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Mr. Trappe, Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: Outside (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Rosie Wyneda Turner

3. (b) Social Security Number

4. Sex: Female

5. Color or race: C

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: not married Jamie Carson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1950

8. AGE: Years: — Months: — Days: 32 It less than one day ..... hrs. ..... min.

9. Birthplace: Mr. Trappe Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: James Carson
13. Birthplace: Trappe, Md.

MOTHER
14. Maiden name: Estella Turner
15. Birthplace: Trappe Md.

16. Informant: Estella Turner

Address: Trappe, Md. Box 50

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/9/50 (month) (day) (year)

Cemetery or crematory: Trappe

Location: Trappe Md.

18. Funeral director: Garrison Freeman

Address: Trappe Md

19. 3/9 1950 (Date rec'd by registrar) N. H. Nurius Registrar

- - 1-23-0-

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1950, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1950, to March 9 1950 and that I last saw her alive on March 9 1950

Immediate cause of death: Premature Bowel birth

Due to

Due to

Other conditions: 776x (Include pregnancy within 3 months of death)

159

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Haymard T. Mill M.D. M. D. or other

Address: Easton, Md Date signed 3/9/50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03319

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels — LENGTH OF STAY (in this place) 4 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Samuel	(Last) Turner	4. DATE OF DEATH	(Month) Mar.	(Day) 11	(Year) 1950
5. SEX Male ~~Colored~~	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar. 4, 1864	9. AGE last birthday 86 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Boat Captain	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Kermit Turner St. Michaels, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a)	Pneumonia, hypostatic, bilateral	3 days.
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Pulmonary Tuberculosis, for advanced, bilateral	years
	(c)		

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13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized, marked. years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased D.O.A. alive on 11 MAR, 1950, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur V. Mitchell	M. D.	St. Michaels, Md.	13 MAR 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar. 14, 1950	NAME OF CEMETERY OR CREMATORY Bellevue Colored	LOCATION (City, town, or county) Bellevue	(State) Md.
DATE REC'D BY LOCAL REG. Mar. 14, 50	REGISTRAR'S SIGNATURE Mrs Robt. L. Sellers	24. FUNERAL DIRECTOR Norman D. Marshall	ADDRESS St. Michaels, Md.	

Certificate Signed With Permission of Lauer S. Wetty, M. D. - County Health Officer & Examiner

47051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03320

CERTIFICATE OF DEATH

Reg. Dist. No. 29-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural (Doncaster)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Rural (Doncaster)

3. NAME OF DECEASED (Type or Print): (First) Alpha (Middle) Dee (Last) Walker

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 4 1876

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Marine Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Oyster Drgrs. Co. Balt.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: John Walker

14. MOTHER'S MAIDEN NAME: Virginia Handley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY No. 216-05-5324A

17. INFORMANT: Mrs. James H. Bennett - (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 19 50, to March 11, 19 50, that I last saw the deceased alive on March 11, 19 50, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer (Degree or title) M.D. — ADDRESS: Easton, Maryland — DATE SIGNED: 3/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 14, 1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG. 3/12/50 — REGISTRAR'S SIGNATURE: D. H. Meeres — 24. FUNERAL DIRECTOR: H. Ellis Clark — ADDRESS: Easton, Md.

V2251

RECEIVED
MAR 20 1950
BUFFALO, N. Y.

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03321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grappe R. LENGTH OF STAY (in this place) 13 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe RD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ralph R. (Middle) Warner (Last)

4. DATE OF DEATH (Month) Mar. (Day) 22 (Year) 1950

5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH Jan. 28th 1949
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Grappe Rural
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norman H. Warner
14. MOTHER'S MAIDEN NAME Sadie V. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Norman Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
085.1 Immediate cause	(a) Broncho-pneumonia	1 week
Antecedent cause(s)		
35 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Measles	2 wks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15th, 1950, to Mar. 22d 1950, that I last saw the deceased alive on Mar. 21st, 1950, and that death occurred at 7.45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour, M.D. ADDRESS Grappe Md. DATE SIGNED Mar-23d/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/24/50
NAME OF CEMETERY OR CREMATORY Barber
LOCATION (City, town, or county) Trappe RD (State) Md

DATE REC'D BY LOCAL REG. 3/23/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Lewis Baynum, Cambridge Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU

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03322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton (Rural) LENGTH OF STAY (in this place) 2½ Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton (Rural)
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) FRANKLIN (Last) WHITMAN
4. DATE OF DEATH (Month) March (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 24, 1870
9. AGE last birthday 79 yrs. If under 1 year Months 2 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorative Sculptor
10b. KIND OF BUSINESS OR INDUSTRY Architecture & Building
11. BIRTHPLACE (State or foreign country) Lancaster Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hiram Whitman
14. MOTHER'S MAIDEN NAME Lydia Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. John Franklin Whitman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerosis, generalized — Several yrs

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1949, to 3/15/, 1950, that I last saw the deceased alive on 3/13/, 1950, and that death occurred at 11 30 a m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 3/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF March 15, 1950 NAME OF CEMETERY OR CREMATORY West Laurel Hill LOCATION (City, town, or county) Philadelphia (State) Pa.
DATE REC'D BY LOCAL REG. 3/15/50 REGISTRAR'S SIGNATURE N.H. Neerus 24. FUNERAL DIRECTOR R. Ellis Clark ADDRESS Easton, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 27 1950
BUREAU V. S.